

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
COMMUNITY ENVIRONMENTAL SERVICES

## LAND DISPOSAL INSPECTION REPORT

ORIGINAL

120 mm

R

111454

|   |   |
|---|---|
| Disposal Facility<br><i>Fetrow's Landfill</i> | Facility Address<br><i>RD 7 York Pa.</i>                      |
| County<br><i>York</i>                         | Municipality<br><i>Springettsburg Twp</i>                     |
| Proprietor's Name<br><i>Charles H. Fetrow</i> | Proprietor's Address<br><i>P.O. Box 6 RD#1 Dover Pa 17315</i> |

CC

Type Record

6

1

Identification Number

100109

2-7

Inspection Date

MO  
07DA  
23YR  
71

8-13

Reinspection Date

08

23

71

14-19

| CMPL | N-CMPL | N/A |
|------|--------|-----|
| 1    | 2      | 3   |

- |   |                                     |                                     |                          |    |
|---|-------------------------------------|-------------------------------------|--------------------------|----|
| 1. ALL WEATHER ACCESS ROADS TO THE SITE FOR TWO-WAY TRAFFIC OR SEPARATE ROADS FOR ONE-WAY TRAFFIC NEGOTIABLE BY LOADED COLLECTION VEHICLES. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 20 |
| 2. TELEPHONE OR RADIO COMMUNICATIONS ACCESSIBLE TO THE SITE.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 21 |
| 3. ADEQUATE EQUIPMENT FOR MINIMIZING FIRE HAZARDS AVAILABLE.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 22 |
| 4. ALL BUILDINGS AND EQUIPMENT PROVIDED WITH FUNCTIONAL FIRE EXTINGUISHERS.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 23 |
| 5. ACCESS LIMITED TO THOSE TIMES WHEN AN ATTENDANT IS ON DUTY.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 24 |
| A. HOURS OF OPERATION PROMINENTLY POSTED.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 25 |
| B. SUITABLE BARRIER AND FENCING BLOCKS ACCESS TO THE SITE WHEN AN ATTENDANT IS NOT ON DUTY.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 26 |
| 6. APPROVED OPERATIONAL SAFETY PROGRAM FOLLOWED AT SITE.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 27 |
| 7. ADEQUATE SANITARY FACILITIES PROVIDED FOR THE EMPLOYEES.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 28 |
| 8. MAINTENANCE OF DAILY OPERATIONAL RECORDS.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 29 |
| 9. FOLLOWING OPERATIONAL PLAN ITEMS FOLLOWED AT SITE:   |                                     |                                     |                          |    |
| A. AREA TO BE FILLED  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 30 |
| B. SCHEDULE OF FILLING  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 31 |
| C. SITE PREPARATION   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 32 |
| D. SOURCE AND TYPES OF COVER MATERIAL   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 33 |
| E. SOURCE AND TYPES OF SUB-BASE   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 34 |

0056

AR200448

AR200450

721.009 1-71

Card Code **A**Page 4  
CC  
1

Identification Number

**106169**

2-7

Inspection Date

**07 23 71**

8-13

1 PER DAY  
2 PER WEEK  
3 PER MO.  
4 PER YEAR

## TYPES OF SOLID WASTE RECEIVED

YES  
1NO  
2

TONS

A. AGRICULTURAL WASTE

☐☒☐☐

14-21

B. COMMERCIAL WASTE

☐☒☐☐

22-29

C. CONSTRUCTION AND DEMOLITION WASTE

☒☐**000400**☒

30-37

D. DOMESTIC AND HOUSEHOLD WASTE

☒☐**001800**☒

38-45

E. INDUSTRIAL WASTE

☒☐**000400**☒

46-53

F. PARK AND BEACH WASTE

☐☒☐☐

54-61

Card Code

**B**

1

G. PATIENT CARE INSTITUTION WASTE

☐☒☐☐

14-21

H. SEPTIC TANK WASTE

☐☒☐☐

22-29

I. SEWAGE TREATMENT PLANT AND PUMPING STATION WASTE

☐☒☐☐

30-37

J. STREET AND ALLEY WASTE

☐☒☐☐

38-45

K. TREE AND LANDSCAPING WASTE

☐☒☐☐

46

L. OTHER

☐☒☐☐

54-61

## STATE QUANTITIES OF SOLID WASTE RECEIVED PER DAY

**000023.00**

62-70

Card Code

**C**

1

## LIST TYPES OF HAZARDOUS WASTE

CODE

TONS

Liquid waste from American☐☐☐

14-24

Chain & cable from treatment☐☐☐

25-35

Waxes - high copper concentration☐☐☐

36-46

expected.☐☐☐

47-57

☐☐☐

58-68

**ORIGINAL**

Card Code

**D**

1

(red)

CODE

TONS

☐☐☐

14-24

☐☐☐

25-35

☐☐☐

36-46

☐☐☐

47-57

☐☐☐

58-68

**AR200451**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
COMMUNITY ENVIRONMENTAL SERVICES

## LAND DISPOSAL INSPECTION REPORT

ORIGINAL

(red)

111454

|                   |                                |
|-------------------|--------------------------------|
| Disposal Facility | Facility Address               |
| Fetrow's Landfill | RD 7 York Pa.                  |
| County            | Municipality                   |
| York              | Springettsbury Twp             |
| Proprietor's Name | Proprietor's Address           |
| Charles H. Fetrow | P.O. Box 6 RD#1 Dover Pa 17315 |

CC

Type Record

6

1

Identification Number

100109

2-7

Inspection Date

MO  
07DA  
23YR  
77

8-13

Reinspection Date

08

23

77

14-19

| CMPL | N-CMPL | N/A |
|------|--------|-----|
| 1    | 2      | 3   |

1. ALL WEATHER ACCESS ROADS TO THE SITE FOR TWO-WAY TRAFFIC OR SEPARATE ROADS FOR ONE-WAY TRAFFIC NEGOTIABLE BY LOADED COLLECTION VEHICLES.

☐☒☐

20

2. TELEPHONE OR RADIO COMMUNICATIONS ACCESSIBLE TO THE SITE.

☐☒

21

3. ADEQUATE EQUIPMENT FOR MINIMIZING FIRE HAZARDS AVAILABLE.

☐☒

22

4. ALL BUILDINGS AND EQUIPMENT PROVIDED WITH FUNCTIONAL FIRE EXTINGUISHERS.

☒☐

23

5. ACCESS LIMITED TO THOSE TIMES WHEN AN ATTENDANT IS ON DUTY.

☐☒

24

A. HOURS OF OPERATION PROMINENTLY POSTED.

☐☒

25

B. SUITABLE BARRIER AND FENCING BLOCKS ACCESS TO THE SITE WHEN AN ATTENDANT IS NOT ON DUTY.

☐☒

26

6. APPROVED OPERATIONAL SAFETY PROGRAM FOLLOWED AT SITE.

☐☒

27

7. ADEQUATE SANITARY FACILITIES PROVIDED FOR THE EMPLOYEES.

☒☐

28

8. MAINTENANCE OF DAILY OPERATIONAL RECORDS.

☒☐

29

9. FOLLOWING OPERATIONAL PLAN ITEMS FOLLOWED AT SITE:

A. AREA TO BE FILLED

☐☒

30

B. SCHEDULE OF FILLING

☐☒

31

C. SITE PREPARATION

☐☒

32

D. SOURCE AND TYPES OF COVER MATERIAL

☐☒

33

E. SOURCE AND TYPES OF SUB-BASE

☐☒☐

34

0056

AR200448

|   | CMPL<br>1                           | N-CMPL<br>2                         | N/A<br>3                            |    |
|---|-------------------------------------|-------------------------------------|-------------------------------------|----|
| 10. EQUIPMENT PROVIDED FOR OPERATION OF THE SITE ADEQUATE IN SIZE AND PERFORMANCE CAPABILITY.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | 35 |
| 11. PROVISIONS AVAILABLE TO WEIGH AND/OR MEASURE ALL SOLID WASTE DELIVERED TO THE SITE.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 36 |
| 12. UNLOADING AREAS CLEARLY INDICATED AND RESTRICTED TO WITHIN THIRTY FEET OF THE WORKING FACE.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 37 |
| 13. SIZE OF THE WORKING FACE CONFINED TO AN AREA WHICH CAN EASILY BE COMPACTED AND COVERED DAILY.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 38 |
| 14. BLOWING LITTER CONTROLLED.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | 39 |
| 15. SOLID WASTE SPREAD AND COMPACTED IN LAYERS NOT EXCEEDING A DEPTH OF TWO FEET.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 40 |
| 16. INDIVIDUAL CELLS EIGHT FEET THICK OR LESS.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 41 |
| 17. UNIFORM LAYER OF COVER MATERIAL, COMPACTED TO A MINIMUM OF SIX INCHES, PLACED ON ALL EXPOSED SOLID WASTE AT THE END OF EACH WORKING DAY.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 42 |
| 18. AN INTERMEDIATE LAYER OF COVER MATERIAL, COMPACTED TO A MINIMUM UNIFORM DEPTH OF ONE FOOT, PLACED ON COMPLETED LIFTS IN AREAS WHERE THERE IS CLEAR INTENTION TO PLACE ANOTHER LIFT WITHIN ONE YEAR. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 43 |
| 19. A FINAL LAYER OF COVER MATERIAL, COMPACTED TO A MINIMUM UNIFORM DEPTH OF TWO FEET PLACED OVER THE ENTIRE SURFACE OF EACH PORTION OF THE FINAL LIFT.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 44 |
| 20. SUITABLE STANDBY EQUIPMENT AVAILABLE TO THE SITE.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | 45 |
| 21. DISPOSAL OF SEWAGE SOLIDS, LIQUIDS AND HAZARDOUS WASTE HANDLED WITH THE APPROVAL OF THE DEPARTMENT OF ENVIRONMENTAL RESOURCES.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 46 |
| 22. BULKY WASTES PROPERLY DISPOSED.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 47 |
| 23. REGULATION BAN ON OPEN BURNING ADHERED TO AT THE SITE.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | 48 |
| 24. DUST CONTROLLED AT SITE.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | 49 |
| 25. REGULATION BAN ON SCAVENGING ADHERED TO AT THE SITE.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | 50 |
| 26. SALVAGING AT SITE OCCURS IN ACCORDANCE WITH REGULATIONS.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 51 |
| 27. SURFACE WATER IS SATISFACTORILY MANAGED AT THE SITE.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | 52 |
| 28. FINAL SLOPES AT LEAST ONE PERCENT BUT NOT GREATER THAN FIFTEEN PERCENT OR AS APPROVED BY THE DEPARTMENT OF ENVIRONMENTAL RESOURCES.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 53 |
| 29. SATISFACTORY VEGETATIVE GROWTH ESTABLISHED TO PREVENT EROSION OF THE FINAL SOIL COVER (Weather Permitting).   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 54 |
| 30. REGULATION BAN ON UNTREATED LEACHATE DISCHARGE TO SURFACE ADHERED TO AT SITE.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | 55 |
| 31. LEACHATE TREATMENT FACILITIES OPERATED SATISFACTORILY AT SITE.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 56 |
| 32. AN EFFECTIVE VECTOR CONTROL PROGRAM UTILIZED AT SITE (Where Needed).  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | 57 |

**ORIGINAL**  
(red)

AR200449

|                                     |                          |
|-------------------------------------|--------------------------|
| YES                                 | NO                       |
| 1                                   | 2                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

ARE HAZARDOUS WASTES RECEIVED AT THE SITE?  
(If Yes, List Types on Next Page.)

CORRECTIVE PRIORITY PROGRAM:

- ① Access to the site is not being limited to those times when an attendant is on duty. Hours of operation and other limitations shall be prominently displayed at the entrance. A gate or barrier shall be erected to block access to the site during times when an attendant is not on duty.
- ② There is no blowing litter control. Litter control fences shall be located in the immediate operating area, approximately 50 feet to 75 feet downwind from the working face. Litter shall be routinely collected around the landfill.
- ③ A uniform 6 inch compacted layer of cover material shall be placed on all exposed solid waste at the end of each working day.
- ④ Intermediate cover of 1 foot shall be placed on completed lifts in areas where there is clear intention to place another lift on top within one year.
- ⑤ Final cover of 2 feet shall be placed over the entire surface of each portion of the final lift.
- ⑥ Liquid waste from American Chain & Cable is being deposited at the landfill. The disposal of liquid waste in a sanitary landfill shall not be permitted until the method of disposal, suitability of the site and plan of operation have been reviewed and approved by the Department.
- ⑦ Solid waste is being landfilled in accumulated surface water. Solid waste must not be disposed in surface water.

ORIGINAL

Dwight D. Worley  
SANITARIAN (Signature)

\_\_\_\_\_  
OPERATOR (Signature)

AR200450

Identification Number

**7106189**

2-7

Inspection Date

**07 23 71**

8-13

1. PER DAY  
2. PER WEEK  
3. PER MO.  
4. PER YEAR

## TYPES OF SOLID WASTE RECEIVED

YES  
1NO  
2

TONS

A. AGRICULTURAL WASTE

☐☒☐☐

14-21

B. COMMERCIAL WASTE

☐☒☐☐

22-29

C. CONSTRUCTION AND DEMOLITION WASTE

☒☐**000400**☒

30-37

D. DOMESTIC AND HOUSEHOLD WASTE

☒☐**001800**☐

38-45

E. INDUSTRIAL WASTE

☒☐**000400**☐

46-53

F. PARK AND BEACH WASTE

☐☒☐☐

54-61

Card Code

**B**

1

G. PATIENT CARE INSTITUTION WASTE

☐☒☐☐

14-21

H. SEPTIC TANK WASTE

☐☒☐☐

22-29

I. SEWAGE TREATMENT PLANT AND PUMPING STATION WASTE

☐☒☐☐

30-37

J. STREET AND ALLEY WASTE

☐☒☐☐

38-45

K. TREE AND LANDSCAPING WASTE

☐☒☐☐

46-53

L. OTHER

☐☒☐☐

54-61

STATE QUANTITIES OF SOLID WASTE RECEIVED PER DAY

**000023.00**

62-70

Card Code

**C**

1

## LIST TYPES OF HAZARDOUS WASTE

CODE

TONS

Liquid waste from American  
Chem & Coile from treatment  
works - high copper concentration  
expected.☐☐☐

14-24

☐☐☐

25-35

☐☐☐

36-46

☐☐☐

47-57

☐☐☐

58-68

**ORIGINAL**

Card Code

**D**

1

(red)

CODE

TONS

☐☐☐

14-24

☐☐☐

25-35

☐☐☐

36-46

☐☐☐

47-57

☐☐☐

58-68

**AR200451**

SANITATION  
ESTABLISHMENT INSPECTION FORM

|                            |                            |                          |                              |
|----------------------------|----------------------------|--------------------------|------------------------------|
| SANITARIAN'S No.           | DATE<br>7/24/71            | TRAVEL TIME              | PROG. TIME<br>45             |
| 1 WATER SUPPLY             | 2 SEWAGE                   | 3 REFUSE                 | 4 EQUIP. (BACT. TREATMENT)   |
| 5 EQUIPMENT (CLEANING)     | 6 EQUIP. (HAND. & STORAGE) | 7 FOOD (REFRIGERATION)   | 8 FOOD (WHOLESALENES)        |
| 9 FOOD (SERVING & DISPLAY) | 10 FOOD (STORAGE & HAND.)  | 11 INSECT & RODENT       | 12 TOILET FACILITIES         |
| 13 LAVATORY                | 14 SAFETY                  | 15 BUILDINGS (FLOORS)    | 16 BLDGS. (WALLS & CEILINGS) |
| 17 LIGHTING                | 18 BLDGS. (DOORS & WDW.)   | 19 VENTILATION & HEATING | 20 PERSONNEL                 |
| 21 GROUNDS & SITE          | 22 CAPACITY                | 23 DAILY FACILITY USE    | 24                           |

PROGRAM ACTIVITY CODE: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24

|   |   |                |
|---|---|----------------|
| ESTABLISHMENT NAME<br>Fetrow's Landfill | PERMIT, LICENSE AND/OR CERTIFICATE NUMBER | EXP. DATE      |
| ESTABLISHMENT ADDRESS<br>RD # 7 York    | TOWNSHIP, BOROUGH, CITY<br>Springettsburg | COUNTY<br>York |
| PROPRIETOR'S NAME<br>Charles H. Fetrow  | PROPRIETOR'S ADDRESS                      |                |

|   |  |   |
|---|--|---|
| BATHING WATER PH _____  | SEWERAGE: PUBLIC <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/>                    | WASH WATER TEMP. _____°F.                             |
| BATHING WATER CLARITY _____   | TYPE OF SYSTEM: _____  | WASH TIME _____ SEC.                                  |
| WATER: PUBLIC <input type="checkbox"/> SEMI-PUBLIC <input type="checkbox"/>   | PLANS: REC. <input type="checkbox"/> ACC. <input type="checkbox"/> REJ. <input type="checkbox"/> | RINSE WATER TEMP. _____°F.                            |
| SOURCE _____  | TYPE OF DISINFECTANT _____   | RINSE TIME _____ SEC.                                 |
| DISINFECTION DEVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> | DISINFECTANT CONCENTRATION: _____ PPM _____ PPM _____ PPM  | REFRIGERATION TEMP: _____°F. _____°F. _____°F.        |
| WATER SAMPLE COLLECTED _____  |  | HOLDING TEMP-HEATED FOODS: _____°F. _____°F. _____°F. |

## CORRECTIVE PRIORITY PROGRAM

CALL BACK DATE \_\_\_\_\_

Some refuse identify on previous day is still uncovered  
Refuse is still be landfilled in Surface water.

1. Several old chairs, tires, scrap metal, house hold waste etc. is still exposed.

**ORIGINAL**  
(red)

Worley  
SANITARIAN'S SIGNATURE

USE REVERSE SIDE IF NECESSARY

RECEIVED BY \_\_\_\_\_

AR200452

SANITATION  
ESTABLISHMENT INSPECTION FORM

60 mins ✓

| SANITARIAN'S NO. | DATE        | TRAVEL TIME | PROG. TIME |
|------------------|-------------|-------------|------------|
|                  | Aug 2, 1971 |             |            |

  

| PROGRAM<br>ACTIVITY<br>CODE  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | DAILY<br>FACILITY<br>USE |
|------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------------------------|
| 1 WATER SUPPLY               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 2 SEWAGE                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 3 REFUSE                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 4 EQUIP. (BACT. TREATMENT)   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 5 EQUIPMENT (CLEANING)       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 6 EQUIP. (HAND. & STORAGE)   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 7 EQUIPMENT (CONSTRUCTION)   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 8 FOOD (REFRIGERATION)       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 9 FOOD (WHOLESALENES)        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 10 FOOD (SERVING & DISPLAY)  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 11 FOOD (STORAGE & HAND.)    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 12 OPERATION & MAINTENANCE   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 13 INSECT & RODENT           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 14 TOILET FACILITIES         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 15 LAVATORY                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 16 SAFETY                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 17 BUILDINGS (FLOORS)        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 18 BLDGS. (WALLS & CEILINGS) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 19 LIGHTING                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 20 BLDGS. (DOORS & WDW.)     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 21 VENTILATION & HEATING     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 22 PERSONNEL                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 23 GROUNDS & SITE            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |
| 24 CAPACITY                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                          |

|   |  |                       |
|---|--|-----------------------|
| ESTABLISHMENT NAME<br><i>Fetrow's Family</i>  | PERMIT, LICENSE AND/OR CERTIFICATE NUMBER<br><i>Consultation</i> | EXP. DATE             |
| ESTABLISHMENT ADDRESS<br><i>RD 7 York</i>     | TOWNSHIP, BOROUGH, CITY<br><i>Springettsbury</i>                 | COUNTY<br><i>York</i> |
| PROPRIETOR'S NAME<br><i>Charles H. Fetrow</i> | PROPRIETOR'S ADDRESS   |                       |

|   |  |   |
|---|--|---|
| BATHING WATER PH _____  | SEWERAGE: PUBLIC <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/>                    | WASH WATER TEMP. _____°F.                             |
| BATHING WATER CLARITY _____   | TYPE OF SYSTEM: _____  | WASH TIME _____ SEC.                                  |
| WATER: PUBLIC <input type="checkbox"/> SEMI-PUBLIC <input type="checkbox"/>   | PLANS: REC. <input type="checkbox"/> ACC. <input type="checkbox"/> REJ. <input type="checkbox"/> | RINSE WATER TEMP. _____°F.                            |
| SOURCE _____  | TYPE OF DISINFECTANT _____   | RINSE TIME _____ SEC.                                 |
| DISINFECTION DEVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> | DISINFECTANT CONCENTRATION: _____  | REFRIGERATION TEMP: _____°F. _____°F. _____°F.        |
| WATER SAMPLE COLLECTED _____  | _____ PPM _____ PPM _____ PPM  | HOLDING TEMP-HEATED FOODS: _____°F. _____°F. _____°F. |

## CORRECTIVE PRIORITY PROGRAM

CALL BACK DATE \_\_\_\_\_

Sludge sample was taken from American Chain & Cable Co. to determine chemical content.

**ORIGINAL**  
(red)

*D. W. W. W.*  
SANITARIAN'S SIGNATURE

USE REVERSE SIDE IF NECESSARY

RECEIVED BY

0058  
AR200453



ORIGINAL

100109

(red)

The checked sentences are to be included in the order.

- \_\_\_\_\_ 1. The solid waste deposited is causing water pollution.
- \_\_\_\_\_ 2. The cover material being used is not suitable.
- AV 3. The size of the working face is too large to be compacted and covered daily with the available equipment.
- \_\_\_\_\_ 4. Blowing litter is not being controlled.
- AV 5. Solid waste is being spread and compacted in layers exceeding a depth of two (2) feet.
- AV 6. The individual cells are greater than eight (8) feet thick.
- AV 7. A uniform six (6) inch compacted layer of cover material is not being placed on all exposed solid waste at the end of each working day.
- \_\_\_\_\_ 8. An intermediate layer of cover material, compacted to a minimum uniform depth of one (1) foot, is not being placed on completed lifts in areas where there is clear intention to place another lift on top within one (1) year.
- \_\_\_\_\_ 9. A final layer of cover material, compacted to a minimum uniform depth of two (2) feet, has not been placed over the entire surface of each portion of the final lift.
- \_\_\_\_\_ 10. Bulky waste incorporated in special area is not being covered within one (1) week.
- \_\_\_\_\_ 11. Open burning is allowed.
- \_\_\_\_\_ 12. Dust is not controlled.
- \_\_\_\_\_ 13. Surface water is not properly managed.
- \_\_\_\_\_ 14. Scavenging is permitted.
- \_\_\_\_\_ 15. Salvage materials are not being removed from the site on a daily basis.
- \_\_\_\_\_ 16. There is vector infestation.
- \_\_\_\_\_ 17.

0059

AR200454

LAW OFFICES  
ROBERT J. WIRE, JR.  
6TH FLOOR  
11 EAST MARKET STREET  
YORK, PENNA. 17401  
(717) 843-9889

ORIGINAL  
(red)

September 4, 1973

Michael S. Alushin, Esquire  
Special Assistant Attorney General  
709 Health & Welfare Building  
Harrisburg, Pennsylvania 17120

Re: Commonwealth of Pennsylvania,  
Department of Environmental  
Resources vs. Sacra  
No. 816 C.D. 1973

Dear Mr. Alushin:

As I indicated to you by telephone, your letter would appear to be satisfactory except Item No. 3 which requires two feet of cover to be placed over the entire tract. About one-third of the area does already have two foot cover and my client would be willing to place enough cover to properly seed the entire area and there would be no rubbish exposed.

If you would be agreeable, please let me know and I will have my client do the work.

Thank you for your prompt reply.

Yours very truly,

*[Signature]*  
ROBERT J. WIRE, JR.

RJW:jer

0060

AR200455

LAW OFFICES

*Katherman and Miller*

20 WEST KING STREET  
YORK, PENNSYLVANIA 17401

AREA CODE 717  
846-4950

J. ROBERT KATHERMAN  
JOHN D. MILLER, JR.

March 22, 1982

**ORIGINAL**  
(red)

Mr. Joseph A. Kozlosky  
Commonwealth of Pennsylvania  
Department of Environmental Resources  
407 South Cameron Street  
Harrisburg, PA 17101

Re: Doersam Woods

Dear Mr. Kozlosky:

I am in receipt of your letter regarding the above dated March 17, 1983. Would you please provide a written explanation of the results set forth therein?

Sincerely,

KATHERMAN AND MILLER



J. Robert Katherman, Esquire

JRK:dfs

0061

AR200456